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## TRANSMITTAL FORM

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b> 09/980,770
		<b>Filing Date</b> November 1, 2001
		<b>First Named Inventor</b> Paul Stanley ADDISON
		<b>Group Art Unit</b> 3737
		<b>Examiner Name</b> William C. JUNG
<b>Total Number of Pages in This Submission</b>	8	<b>Attorney Docket Number</b> 740789-52110

### **ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response (Supplemental Amendment) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request for 3 months <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) ( <i>please identify below:</i> )
<b>Remarks</b>		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

### **SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	Corinne R. Gorski, Reg. No. 34,339 Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128
<b>Signature</b>	
<b>Date</b>	May 18, 2006

### **CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

I hereby certify that this correspondence is being:

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PATENT  
Attorney Docket No. 740789-052110

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Addison, Paul Stanley, et al.      Examiner: W. Jung  
Serial No. 09/980,770      Group: 3737  
Filed: 11/01/2001  
Title: METHOD OF ANALYSIS OF MEDICAL SIGNALS

**SUPPLEMENTAL AMENDMENT**

United States Patent and Trademark Office  
Customer Service Window  
Randolph Building  
401 Dulany Street  
Alexandria, VA 22314

Sir:

Further to the Amendment filed on May 8, 2006 in response to the Office Action dated February 8, 2006, please amend the above-identified application as follows:

A complete listing of claims and status identifiers can be found beginning on page 2.

Remarks can be found beginning on page 7.